



St. Lucie County / American Red Cross

Lakewood Park 2011 Morning Water Safety Registration Form

5990 Emerson Ave. Ft. Pierce, Fl. 34951 (772) 462-3772

\$55.00 without sponsorship - \$25.00 with sponsorship

Sponsorships are limited. 2010 tax return is required.

Saturdays

A session is six Saturdays.

Plan on bringing your child to at least one open swim session during the week to practice.

Reinforcing the muscle memory is a critical part of the learning process when being taught how to swim.

June 11- July 16

Make-up July 23, One Hour Earlier

LS1

10:50 -11:30	11:35 – 12:15
Parent/Child	Preschool
1	1
LS1PC1	LS1P1.5
Learn to Swim	
11:20 – 12:15	
Level 1	Level 2
LS11	LS12

July 23 - August 27

Make-up September 3, Same Time

LS2

10:50 -11:30	11:35-12:15
Parent/Child	Preschool
2	2
LS2PC2	LS2P2.5
Learn to Swim	
11:20 -12:15	
Level 2	Level 3
LS22	LS23

Mondays /Wednesdays

A session is 6 classes running for three weeks on Monday and Wednesday mornings.

Classes during the week of Fourth of July will be held on Wednesday and Thursday.

June 20 - July 7

Make-up July 8

LA1

8:40-9:20	9:25-10:05	10:10-10:50
Parent/Child	Preschool	Preschool
1	1	2
LA1PC1	LA1P1	LA1P2.5
Learn to Swim		
8:45—9:40	9:50-10:45	
Level 1	Level 2	
LA11	LA12.5	

July 11 - July 27

Make-up July 29

LA2

8:40-9:20	9:25-10:05	10:10-10:50
Parent/Child	Preschool	Preschool
2	2	3
LA2PC2	LA2P1	LA2P3.5
Learn to Swim		
8:45-9:40	9:50-10:45	
Level 2	Level 3	
LA22	LA23.5	

Call the facility to inquire about bad weather cancellations 30 minutes prior to class.

ONLY ONE DAY WILL BE MADE-UP IF WE ARE RAINED OUT DURING A SESSION.

Ten dollars worth of pool passes will be granted if the make-up day is rained out or we have a second rain day.

The one make-up day will be the last Friday / Saturday of the session.

Participant's Name:		Male / Female DOB
Mailing Address:		
Contact E-mail Address:		
Home Phone:		
Cell Phone:		

I have thoroughly read and I understand the policies and procedures on this form.

Signature: _____ Date: _____

Medical Condition / Special needs: NO YES Please ask for an additional form to fill out.

Office use only: Scholarship \$ _____ Cash _____ Check _____
 Visa/MC/Discover _____ 3 -Digit Security code _____ Expiration Date: _____

St. Lucie County Program Policies:

No Refunds / Credits are only given upon supervisor approval. You must e-mail guggeric@stlucieco.org three days prior to the start of the session you originally signed up for to receive a credit. Send the students name, level and class information in the e-mail. Please call 772 – 462 - 2560 and give the same information if e-mailing is not possible and be sure to state the day and time you called. The credit can only be transferred one time to pool passes or you may roll a credit to another session of 6 classes in the 2011 season if room is available. A credit of your choice will be granted with a doctor's note if your child missed the session of 6 classes due to an unforeseen illness three or less days prior to the start of the session. Once you have attended class and the session started no credits will be issued.

Program Guidelines

- Students must shower and wait in the designated area before class.
- You may only enter the pool gates 10 minutes before class begins to get prepared for class.
- We are not responsible for lost or stolen items.
- Students must wear swim suits and children who are not completely potty trained must have a swim diaper on.
- Whoever brings the student to lessons must stay on deck and in turn leave with the student.

Bad Weather Cancellation

- Call the facility to inquire about bad weather cancellations 30 minutes prior to class.
- Only one day will be made up if we are rained out during a session.
- The one make-up day will be the Friday / Saturday after the last scheduled class.
- Ten dollars worth of pool passes will be granted if the make-up day is rained out or we have a second rain day.

Waiver

In consideration of the opportunity afforded to the undersigned to participate in a St. Lucie County Department of Parks & Recreation activity, hereafter described, the undersigned hereby and voluntarily waives any right or cause of action against St. Lucie County, its officers, agents and employee arising out of any claim whatsoever as a result of any injuries to body, life, limb or property arising from participation in the described activity. The undersigned participant shall indemnify and hold harmless St. Lucie County, its officers, agents and employees from and against all judgments, orders, decrees, and attorney's fees, costs, expenses and liabilities arising from or out of such claim, investigation or defense thereof.

St. Lucie County has my permission to use/take a photograph of my child for the use of publicity of the above program without compensation. I hereby waive any claim that may arise by the use/taking of my child's photograph.

My signature on the front indicates that I have read and understand the waiver and that I have been provided with a copy of the rules and regulations set forth by the St. Lucie County Department of Parks & Recreation. I have read and thoroughly understand them and agree to explain them to the children in my care who are involved in the programs offered.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF ST. LUCIE COUNTY PARKS & RECREATION SERVICES USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM ST. LUCIE COUNTY PARKS & RECREATION IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND ST. LUCIE COUNTY PARKS & RECREATION SERVICES HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.